



VILLAGE OF BENSENVILLE RIDE DUPAGE APPLICATION FORM

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____ CITY: BENSENVILLE ZIP: 60106
STREET NUMBER STREET NAME APT. NO.

HOME PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____
AREA CODE AREA CODE

DATE OF BIRTH: _____ - _____ - _____ GENDER: MALE FEMALE
MONTH DAY YEAR CIRCLE ONE

EMERGENCY CONTACT (Name) _____

EMERGENCY CONTACT (Home No.) _____ (Cell No.) _____

DISABLED (under 65 years old) MUST PROVIDE → RTA CARD NO. _____

Do you use any of these mobility aids or equipment? (Check all that apply)

<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker
<input type="checkbox"/> Portable Oxygen	<input type="checkbox"/> Powered Scooter	<input type="checkbox"/> Powered Wheelchair
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Long White Cane	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> I require a lift equipped vehicle		

Do you ever need to bring someone with you (“personal care assistant” or “personal attendant”)?

<input type="checkbox"/> Yes, always	<input type="checkbox"/> Yes, sometimes	<input type="checkbox"/> No
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***Please sign and date the “Statement of Understanding” on the reverse side of this application**

Date Rec.PW _____ Date Scanned to PACE _____

FOR OFFICE USE ONLY

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Village of Bensenville

Ride DuPage Transportation Program

STATEMENT OF UNDERSTANDING

I understand that the information contained on the Ride DuPage application form will only be used to determine my eligibility status for subsidizing sponsor and for billing and monitoring purposes.

I have received and understand Ride DuPage User's guide and understand the eligibility criteria. I agree to abide by the program rules and requirements adopted by the Village of Bensenville.

I understand that the cab and bus companies and their drivers are independent contractors and are not employees or agents of the Village of Bensenville.

I understand that the Village of Bensenville exercises no control over the cab and bus companies or their drivers under this program.

I understand the Village of Bensenville makes no representations regarding the quality or competency of the cab and bus companies, their drivers or other employees.

I understand that any complaints regarding the program should be directed first to Pace through their Customer Service Department (1-847-228-4208).

I understand that the Village of Bensenville's Ride DuPage and Ride to Work Programs operate without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he/she has been affected by any discriminatory practice under Title VI may file a complaint with the Bensenville Village Manager at 12 S. Center Street, Bensenville, IL 60106, 630-766-8200.

Signature of Ride DuPage Participant

Date